



January 4, 2011

Ms. Kathleen Harrigan
Environmental Engineer
Commonwealth of Virginia
Department of Environmental Quality
4411 Early Road
Harrisonburg, VA 22801

RECEIVED
DEQ - Valley
JAN 06 2012

To: _____
FILE: _____

Re: Natural Bridge of Virginia WWTP
Reissuance of VPDES Permit No. VA 0024101

Dear Ms. Harrigan,

Enclosed are two VPDES reissuance applications for the facility noted above. Included in this package are:

Public Notice Billing Information
VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee
EPA form 3510-2A Parts A and C
VPDES Permit Application Addendum
VPDES Sewage Sludge Permit Application Form, Pages 3 through 8
Sludge Management Transportation Route diagram
Location Map
Wastewater Treatment Plant Piping Diagram
Sludge Acceptance Request and follow-up email correspondence
9 VAC 25-31-530G Request Letter

We request the following waivers:

Form 2A Item A.6 Flow: We request that DEQ use flow data submitted with monthly DMR's to determine daily and maximum flow rates for the periods requested.

Form 2A Item A.9.e Average Daily Flow Rate: We request that DEQ use flow data submitted with monthly DMR's to determine daily flow rate.

Form 2A Item A.12.: We request that DEQ use flow data submitted with monthly DMR's to determine average daily rate. We request that DEQ use pH, BOD and TSS data submitted with the DMR's in lieu of special testing for this application. We request a waiver from fecal coliform testing on the basis that the effluent is chlorinated and dechlorinated and monitored daily for total residual chlorine concentrations. We request a waiver from submitting temperature results on the basis that the plant does not use any processes that heats or cool the wastewater and the wastewater is discharged at ambient temperatures.


As can be seen by the attached correspondence with Maury Service Authority WWTP, MSA has not issued a letter of sludge acceptance. Our initial testing of the sludge had unacceptably high solids

content. Two additional test results have been submitted to MSA and we anticipate will be found satisfactory. A letter of sludge acceptance will be submitted to DEQ upon receipt.

A copy of the application is being forwarded to the Virginia Department of Health regional office in Lexington.

If you have any additional questions or comments, please feel free to contact me,

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur W. Nair', with a stylized, cursive script.

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

CC: Debbie Land
VDH, Lexington
File: Natural Bridge of Virginia, VPDES Reissuance

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in _____ in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: _____ Debbie Land

Owner: _____ Natural Bridge of Virginia, LLC

Agent/Department Address: _____ P.O. Box 57

_____ Natural Bridge, VA 24578

Agent's Telephone No.: _____ 540 291-2121

Printed Name: _____ Debbie Land

Authorizing Agent - Signature: _____ 

Date: _____ 1/4/12

VPDES Permit No. VA0024101

Facility Name: Natural Bridge of Virginia

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Natural Bridge of Virginia STP

Permit Number: VA0024101

Tax Payer ID (Federal Identification Number): 54-1878072

Social Security Number if no Tax Payer ID:

Owner Name: Natural Bridge of Virginia, LLC

Owner Address: P.O. Box 57
Natural Bridge, Virginia 24578

Billing Contact Name: Debbie Land

Title: General Manager

Phone Number: 540-458-3740

E-Mail Address: dland@naturalbridgeva.com

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.Facility name Natural Bridge of Virginia WWTPMailing Address P.O. Box 57
Natural Bridge, VA 24578Contact person Debbie LandTitle General ManagerTelephone number (540) 458-3740Facility Address 40 Wert Faulkner Hwy
(not P.O. Box) Natural Bridge, VA 24578**A.2. Applicant Information.** If the applicant is different from the above, provide the following:Applicant name Inboden Environmental Services, Inc.Mailing Address 5790 Main St.
Mt. Jackson, VA 22842Contact person Arthur W. NairTitle Environmental ConsultantTelephone number (540) 477-3300

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☒ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0024101

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
	<u>Transient</u>	<u>Separate</u>	<u>Private</u>
Total population served		<u>Transient</u>	

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.099
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.019</u>	<u>0.017</u>	<u>0.012</u> mgd
c. Maximum daily flow rate	<u>0.060</u>	<u>0.112</u>	<u>0.076</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

<input checked="" type="checkbox"/> Separate sanitary sewer	<u>100</u> %
<input type="checkbox"/> Combined storm and sanitary sewer	<u>N/A</u> %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>1</u>
ii. Discharges of untreated or partially treated effluent	<u>0</u>
iii. Combined sewer overflow points	<u>0</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>0</u>
v. Other <u>N/A</u>	<u>0</u>

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Tank Truck

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: Maury Service AuthorityMailing Address: 135 Bob Aikens Circle
Lexington VA 24450Contact person: Fred ShultzTitle: Chief OperatorTelephone number: (540) 463-5936

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

0.000087 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method: _____

Is disposal through this method

☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Natural Bridge 24578
(City or town, if applicable) (Zip Code)
Rockbridge VA
(County) (State)
N. 37 degrees 37 minutes 35 seconds W. 79 degrees 32 minutes 34 seconds
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.020 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: N/A
- Average duration of each discharge: N/A
- Average flow per discharge: N/A mgd
- Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser? Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Cedar Creek
- b. Name of watershed (if known) James River (Upper)
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Unknown
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal >85 %Design SS removal >85 %Design P removal N/A %Design N removal N/A %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	Waiver Req.	s.u.			
pH (Maximum)	Waiver Req.	s.u.			
Flow Rate	Waiver Req.				
Temperature (Winter)	Waiver Req.				
Temperature (Summer)	Waiver Req.				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	Waiver Req.					
	CBOD-5	N/A					
FECAL COLIFORM		Waiver Req.					
TOTAL SUSPENDED SOLIDS (TSS)		Waiver Req.					

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Natural Bridge of Virginia WWTP, VA0024101

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Debbie Land, General ManagerSignature Telephone number (540) 458-3740Date signed 1/4/12

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Natural Bridge of Virginia, LLC

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y ☒ N

Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 105-5-2C

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0.0

5. **ALL FACILITIES: What is the design average flow of this facility?** 0.099 MGD

Industrial facilities: **What is the max. 30-day avg. production level (include units)?** _____

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y ☒ N

If "Yes", please specify the other flow tiers (in MGD) or production levels: N/A

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**

Hotel, homes, cabins, restaurant, museum, gift shop, office building and visitors to Natural Bridge.

100 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: 0 ☒ 1-49 0 50 or more

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. **Approval Date(s):**

O & M Manual 11-12-92 Sludge/Solids Management Plan 7-1-02

Have there been any changes in your operations or procedures since the above approval dates? ☒ Y ☐ N

10. **Date that a copy of the application was sent to the Virginia Department of Health?** 1/6/2012

FACILITY NAME: _____

VPDES PERMIT NUMBER: _____

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A, pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
 - a. Facility name: Natural Bridge of Virginia STP
 - b. Contact person: Debbie Land
Title: General Manager
Phone: () 540 291-2121
 - c. Mailing address:
Street or P.O. Box: P.O. Box 57,
City or Town: Natural Bridge State: VA Zip: 24578
 - d. Facility location:
Street or Route #: Rt. 11 and Rt. 130
County: Rockbridge
City or Town: Natural Bridge State: VA Zip: 24578
 - e. Is this facility a Class I sludge management facility? Yes ☒ No
 - f. Facility design flow rate: 0.099 mgd
 - g. Total population served: Variable Transient Population
 - h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____
2. Applicant Information. If the applicant is different from the above, provide the following:
 - a. Applicant name: Inboden Environmental Services, Inc.
 - b. Mailing address:
Street or P.O. Box: 5790 Main Street
City or Town: Mt. Jackson State: VA Zip: 22842
 - c. Contact person: Arthur W. Nair
Title: Environmental Consultant

Phone: () 540 477-3300 Ext 206
 - d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☒ operator
 - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☒ facility ☒ applicant
3. Permit Information.
 - a. Facility's VPDES permit number (if applicable): VA0024101
 - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☐ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: N/A
Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
Phone: () _____
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: _____
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

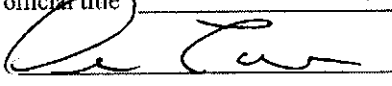
9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: Natural Bridge of Virginia STP

VPDES PERMIT NUMBER: VA0024101

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Debbie Land, General Manager

Signature  Date Signed 1/4/12

Telephone number 540 291-2121

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 3.0 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name: N/A
 - b. Contact Person: _____
Title: _____
Phone () _____
 - c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address: _____
(not P.O. Box) _____
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
Class A Class B ☒ Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Imhoff Tank (Anaerobic Digestion)
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demonstration)
Option 3 (Acrobic process, with bench-scale demonstration)
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
Option 5 (Aerobic processes plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
☒ None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Imhoff Tank (Anaerobic Digestion)
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: _____
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
N/A dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

FACILITY NAME: Natural Bridge of Virginia STP

VPDES PERMIT NUMBER: VA0024101

 Yes No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: N/A dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Maury Service Authority WWTP
- b. Facility contact: Mr. Fred Schultz
Title: Chief Operator
Phone: () 540 463-5936
- c. Mailing address:
Street or P.O. Box: 135 Bob Akins Circle
City or Town: Lexington State: VA Zip: 24450
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 3.0 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ☒ Yes ☒ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

☐ Class A ☐ Class B ☒ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Digestion

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ☒ Yes ☐ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☐ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☒ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?

☐ Yes ☐ No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

FACILITY NAME: Natural Bridge of Virginia STP

VPDES PERMIT NUMBER: VA0024101

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes ☒ No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Location Attached 8:00 am to 4:00 pm Mon

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
Yes No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: Site Owner Site operator
- e. Mailing address.
Street or P.O. Box:
City or Town: State: Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: Type of Permit:

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACILITY NAME: Natural Bridge of Virginia STP

VPDES PERMIT NUMBER: VA0024101

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
 Yes No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: _____
- d. Contact person: _____
Title: _____
Phone: () _____
Contact is: Incinerator Owner Incinerator Operator
- e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: _____
- b. Contact person: _____
Title: _____
Phone: () _____
Contact is: Landfill Owner Landfill Operator
- c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
Street or Route #: _____
County: _____
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
 Yes No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? Yes No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? Yes No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

bing Maps


A Natural Bridge, VA







Via: US-11 / S Lee Hwy

B 135 Bob Akins Circle, Lexington, VA 24450

Route: 15.4 mi, 23 min

Natural Bridge to Maury Service
Authority WWTP

 On the go? Use m.bing.com to find maps,
directions, businesses, and more

A	Natural Bridge, VA	A-B: 15.4 mi 23 min
1.	Depart from Natural Bridge, VA	0.2 mi
	2. Turn left onto VA-130 / Wert Faulkner Hwy	318 ft
	3. Bear right onto US-11 / S Lee Hwy <i>Pass Shell in 4.0 mi</i>	11.9 mi 15 min
	4. Turn right to stay on US-11 / S Lee Hwy	2.1 mi
	5. Bear right onto Old Buena Vista Rd	0.6 mi
	6. Turn left onto Lincoln Rd	0.3 mi
	7. Turn left onto Bob Akins Circle	0.2 mi
B	8. Arrive at 135 Bob Akins Circle, Lexington, VA 24450 <i>The last intersection is Lincoln Rd</i>	

These directions are subject to the Microsoft® Service Agreement and for informational purposes only. No guarantee is made regarding their completeness or accuracy. Construction projects, traffic, or other events may cause actual conditions to differ from these results. Map and traffic data © 2010 NAVTEQ™.



Natural Bridge, VA

1. Head **northeast** on **US-11 N/S Lee Hwy** toward **VA-130 E/Wert Faulkner Hwy**

About 15 mins

go 11.9 mi

total 11.9 mi

2. Turn **right** onto **US-11 N**

About 3 mins

go 2.2 mi

total 14.1 mi

3. Turn **right** onto **VA-631/Old Buena Vista Rd**

About 2 mins

go 0.6 mi

total 14.6 mi

4. Turn **left** onto **State Route 763**

About 1 min

go 0.3 mi

total 14.9 mi

5. Turn **left**

About 1 min

go 0.3 mi

total 15.2 mi



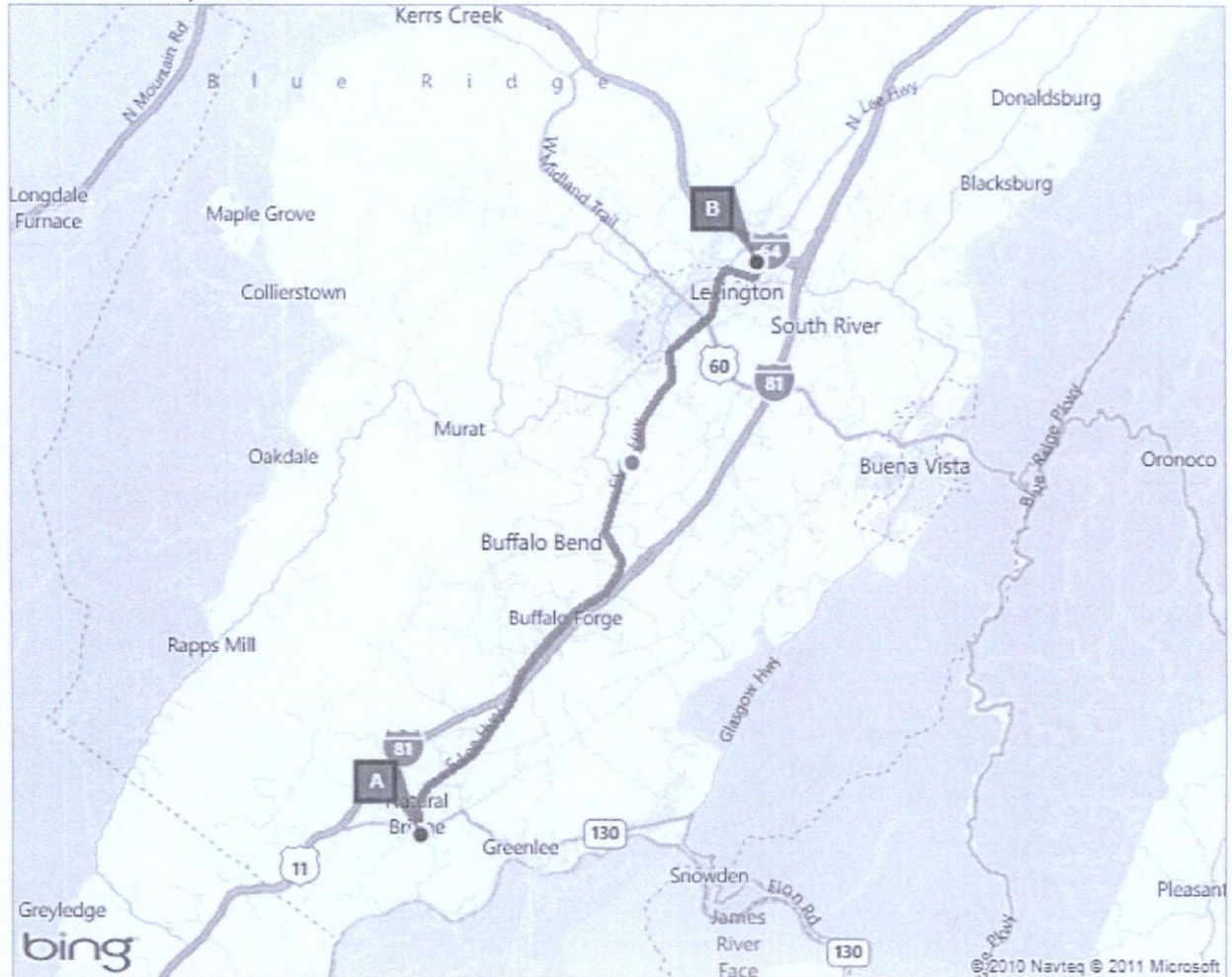
Unknown road

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2012 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

Route: 15.4 mi, 23 min



This was your map view in the browser window.

A: Natural Bridge, VA



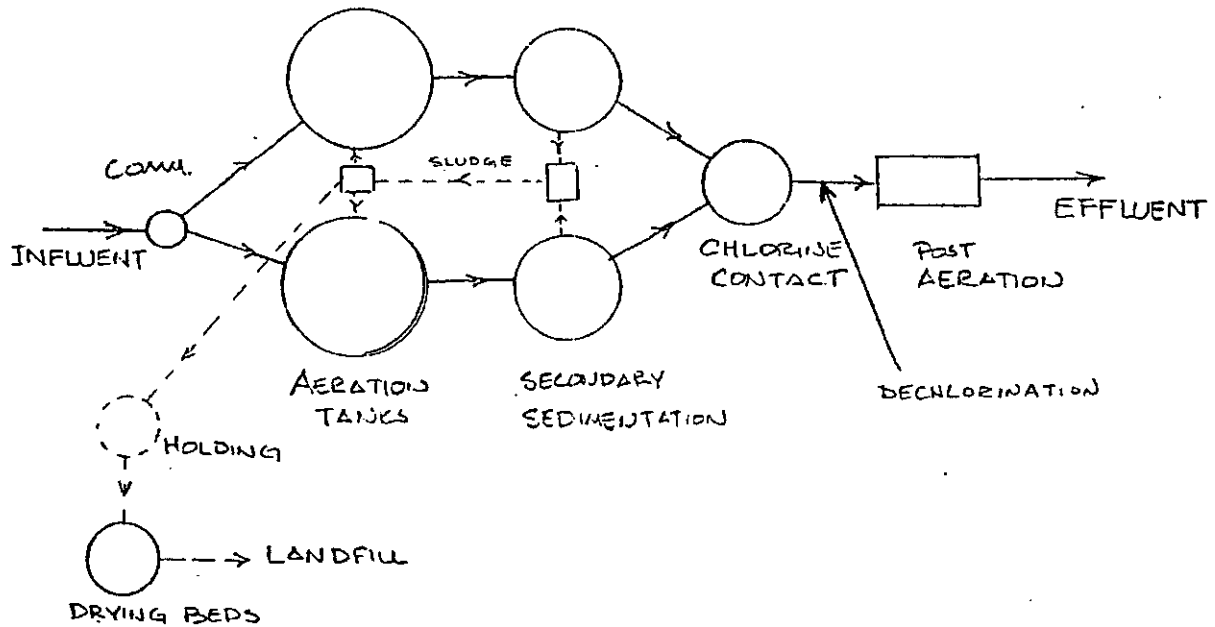
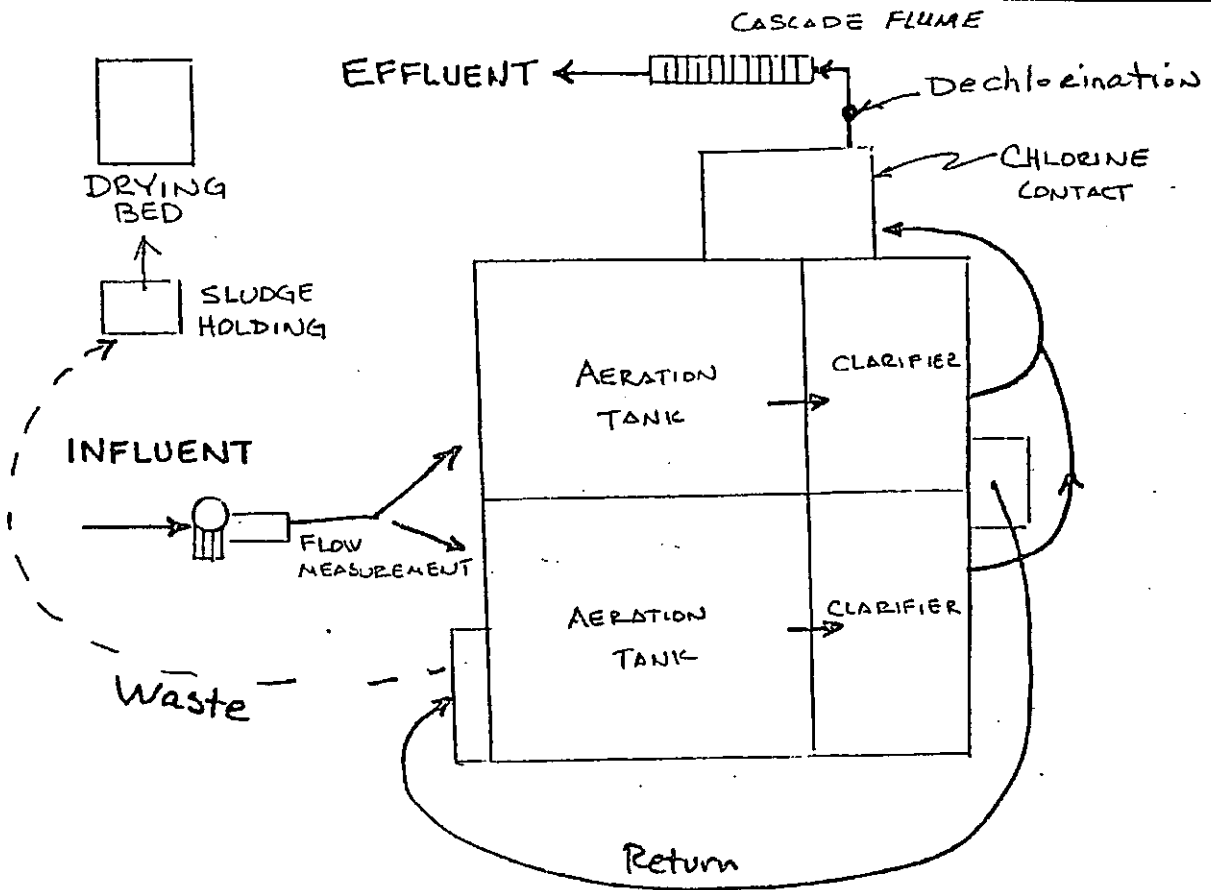
B: 135 Bob Akins Circle, Lexington, VA 24450





FLOW DIAGRAM OF WASTEWATER FACILITY

A2





December 1, 2011

Mr. Fred Schultz
Maury Service Authority Wastewater Plant
135 Bob Aikens Circle
Lexington, VA 24450

Re: The Natural Bridge of Virginia Wastewater Treatment Plant VA0024101
Sludge Acceptance Request

Dear Mr. Schultz,

Inboden Environmental Services, Inc. (IES) is the contract operator of the Natural Bridge Wastewater Treatment Plant. We are currently preparing an application for the reissuance of the VPDES Permit. As the Natural Bridge is currently hauling sludge to your wastewater treatment facility, IES would like to request a letter of sludge acceptance for the next 5-year permit period. IES would also like to request that in the letter the requirements be listed in order for the Natural Bridge to bring wasted sludge to your treatment facility for ultimate treatment and disposal.

The wastewater that the Natural Bridge treatment facility receives is 100% municipal. The only wastewater that enters the treatment process that might be considered commercial is from the Natural Bridge's laundry facility. The temperature of the sludge that would be hauled to your facility would be ambient. The sludge is comprised of wasted activated sludge that has been partially digested under anaerobic conditions. The waste sludge is similar to domestic septage. Recent analysis indicates the sludge concentration would be approximately 3 to 4 % Total Solids. The sludge would be hauled to your facility by a septic truck. IES estimates that the amount of sludge that would be hauled to your facility would be approximately 8,000 gallons every 3 months.

A current sludge analysis is attached for your review and use.

Thank you for your assistance. If you have any questions please feel free to contact me at (540)-477-3300 Ext. 206.

Sincerely,

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

Cc: Debora Land, Natural Bridge
IES/Natural Bridge File

IES**Inboden Environmental Services, Inc.****Analytical Report Form**

Customer: Natural Bridge of VA
P.O. Box 57
Natural Bridge, VA 24578

Contact: Debora Land

Special Notes:

Report Date: 11/8/2011

Batch ID:

Received Date: 10/5/2011

Sampler: Will, Stuart

Sample Priority: Normal

Sample Location: Digester

Sample ID Number: 1110061039

Sample Type: Grab- Solid

Sample Date & Time: 10/5/2011 12:50 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	3.8	0.01	%	2540G	10/25/2011	14:00	JRR
Ammonia	3300	262	mg/Kg	SM-4500NH3-D	10/12/2011	13:30	JRR
Solid Nitrate as N	< 1.67	1.67	mg/Kg	353.2 (Rev 2.0, 1993)	10/12/2011	14:17	JRR
pH @ 23°C	7.84	0.1	S.U.	SM-9045-D	10/10/2011	16:15	JRR
Phosphorus	11300	36.24	mg/Kg	365.1	11/1/2011	10:11	JRR
Total Kjeldahl Nitrogen	47647	610	mg/Kg	351.2 (Rev 2.0, 1993)	10/28/2011	9:17	JRR
Total Arsenic	< 6.52	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Cadmium	1.32	0.652	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Copper	813	2.61	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Lead	40.0	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Mercury	< 0.256	0.256	mg/Kg	7471B	11/2/2011	11:01	JRR
Total Molybdenum	9.12	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Nickel	11.5	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Potassium	1850	65.2	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Selenium	< 6.52	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Total Zinc	375	6.52	mg/Kg	6010C	10/21/2011	15:03	JRR
Calcium Carbonate Equivalency	39100	100	mg/Kg	AOAC 955.01	10/20/2011	13:39	ALE

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk (*) are not NELAP accredited.

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

All the above parameters were subcontracted to James R. Reed (JRR) except: Calcium Carbonate Equivalency

The following parameter was subcontracted to A&L Eastern Laboratories (ALE): Calcium Carbonate Equivalency

Reviewed and approved for Inboden Environmental Services, Inc.

By:

Date:

11/8/11

Laboratory Director

CHAIN OF CUSTODY

INBODEN ENVIRONMENTAL SERVICES, INC.

5790 MAIN STREET
MT. JACKSON, VA 22842

PHONE: (540) 477-3300

FAX: (540) 477-3360



Client: THE NATURAL BRIDGE OF VIRGINIA

Contact Person: ART NARR

Address: P.O. Box 57

Submit Report to: ART NARR

City: NATURAL BRIDGE

State: VA

Zip: 24578

Submit Bill to:

Project ID: VPPGS PERMIT

Phone:

Fax:

P.O. Number:

Cust #:

SAMPLE REPORTING INFORMATION - CHECK ALL THAT APPLY

COMPLIANCE

☒ VPDES / DMR / VPA ☐ NONCOMPLIANCE
☐ PWSID: ☐ OTHER:

MATRIX

☐ WASTEWATER ☐ DRINKING WATER
☒ SOLID WASTE ☐ OTHER:

TURNAROUND TIME

☒ NORMAL
☐ RUSH - SPECIFY DUE DATE:
NOTE: ADDITIONAL CHARGES APPLY FOR ALL REQUESTED RUSH ANALYSIS.

SAMPLE INFORMATION

ANALYSIS REQUESTED

LOCATION	SAMPLER INITIALS	SAMPLE DATE	SAMPLE TIME	SAMPLE TYPE	SAMPLE CONTAINER (G or P)	PARAMETER	PRESERVATIVE (see below key)	Receipt Temperature
Digester	S.L.W.	10-5-11	12:30	G	P	SEE ATTACHED	1	17°

Receipt Temperature Date&Time: Sample(s) Arrived on Ice: Q6 Qualifier=Sample(s) received above recommended temperature. Approved to analyze by Customer Initial:

COMMENTS:

* DESIGNATE EITHER GRAB OR COMPOSITE

METHOD OF PRESERVATION KEY:

(1) COOL, 4°C (3) HNO₃ (5) HCL (7) Na₂S₂O₃ (9) Ascorbic Acid
(2) H₂SO₄ (4) NaOH (6) Na₂SO₃ (8) None (10) Filter

SAMPLE RELINQUISHED BY	DATE	TIME	SAMPLE RECEIVED BY	DATE	TIME	MEANS OF DELIVERY
S.L.Will	10-5-11	16:40	S.L.Will	10-5-11	12:30	Co Truck

Art Nair

From: Art Nair [anair@4ies.com]
Sent: Wednesday, January 04, 2012 1:33 PM
To: 'Fred Schultz'
Subject: RE: Natural Bridge request for sludge acceptance letter
Attachments: 01-04-2012.pdf

Mr. Schultz,

We took two additional samples in the sludge holding tank to see if the previous results were representative. We used a sludge judge to grab two samples from the bottom of the tank. The samples came off the bottom of the sludge judge. The results were 0.97% and 0.67% Total Solids, see attached. We anticipate that the actual material pumped from the tank will incorporate even more clear liquid due to stirring and turbulence from pumping and will remain well below your limit of 1.6%.

Please reconsider our request to disposed sludge at your facility.

Thank you,

Art Nair

From: Fred Schultz [mailto:fschultz2@hotmail.com]
Sent: Wednesday, December 14, 2011 3:56 PM
To: Arthur Nair
Subject: RE: Natural Bridge request for sludge acceptance letter

A more representative sample would be fine. We typically do not experience problems with high solids content septage coming into the plant.
Fred

From: anair@4ies.com
To: fschultz2@hotmail.com
Subject: RE: Natural Bridge request for sludge acceptance letter
Date: Wed, 14 Dec 2011 09:23:04 -0500

Mr. Schultz,

I too was surprised by the solids content. The person who sampled the sludge said that the sample was from a high solids portion of the holding tank. During normal pump out operations the solids layer gets disturbed and mixed with clearer liquid. If OK with you we will try to resample for solids and get a more representative sample of the actual mix to be delivered.

Has pumping this sludge from your septage facility been a notable problem in the past?

Thank you,

---Art

From: Fred Schultz [mailto:fschultz2@hotmail.com]
Sent: Wednesday, December 14, 2011 6:29 AM

To: anair@4ies.com; Rick Allen

Subject: RE: Natural Bridge request for sludge acceptance letter

Mr. Nair, the percent solids indicated on your analytical report is higher than we can process with our centrifugal pumps that are used in the septage pump station. In its stated condition we would be unable to accept it. We could pump it at 1.6% solids.

Fred Schultz

From: anair@4ies.com

To: fschultz2@hotmail.com

Subject: Natural Bridge request for sludge acceptance letter

Date: Thu, 1 Dec 2011 13:25:23 -0500

Mr. Shultz,

Please find a copy of the sludge acceptance letter request for The Natural Bridge of Virginia. We are required to have a letter on your letterhead stating that your facility will receive Natural Bridges sludge for final processing and disposal.

Please also respond to this email and tell me what kind of sludge processing you use (ie. Aerobic digestion, anaerobic digestion) and your method of final disposal (ie, landfill, land application, compost for sale). This information must be included in our VPDES permit reissuance application.

Thank you very much.

---Art

Arthur W. Nair, PE Engineer

Inboden Environmental Services, Inc.

5790 Main Street

Mt. Jackson, VA 22842

(800) 648-1010 (toll free)

(540) 477-3300 x206 (local calls)

(540) 477-3360 (fax)

anair@4ies.com

4ies.com



IES**Inboden Environmental Services, Inc.****Analytical Report Form**

Customer: Natural Bridge of VA
P.O. Box 57
Natural Bridge, VA 24578

Contact: Debora Land

Special Notes:

Report Date: 1/3/2012

Batch ID:

Received Date: 12/14/2011

Sampler: Inboden, Terry

Sample Priority: Normal

Sample Location: Digester

Sample ID Number: 1112150811

Sample Type: Grab- Solid

Sample Date & Time: 12/14/2011 12:30 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	0.97	0.01	%	2450G	12/28/2011	10:00	jrr

Sample Location: Digester

Sample ID Number: 1112150823

Sample Type: Grab- Solid

Sample Date & Time: 12/14/2011 12:39 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	0.67	0.01	%	2450G	12/28/2011	10:00	jrr

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk (*) are not NELAP accredited.

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

The following parameters were subcontracted to Fairway Laboratories (FWL):

Reviewed and approved for Inboden Environmental Services, Inc.

By: Barbara A. Inboden Date: 1/3/12
Laboratory Director

CHAIN OF CUSTODY

INBODEN ENVIRONMENTAL SERVICES, INC.

5790 MAIN STREET
MT. JACKSON, VA 22842

PHONE: (540) 477-3300

FAX: (540) 477-3360



Client: <u>Natural Bridge</u>			Contact Person:
Address:			Submit Report to:
City:	State:	Zip:	Submit Bill to:
Project ID:	Phone:	Fax:	P.O. Number:
			Cust #:

SAMPLE REPORTING INFORMATION - CHECK ALL THAT APPLY

COMPLIANCE <input checked="" type="checkbox"/> VPDES / DMR / VPA <input type="checkbox"/> NONCOMPLIANCE <input type="checkbox"/> PWSID: _____ <input type="checkbox"/> OTHER: _____		MATRIX <input type="checkbox"/> WASTEWATER <input type="checkbox"/> DRINKING WATER <input checked="" type="checkbox"/> SOLID WASTE <input type="checkbox"/> OTHER: _____	TURNAROUND TIME <input type="checkbox"/> NORMAL <input type="checkbox"/> RUSH - SPECIFY DUE DATE: _____ NOTE: ADDITIONAL CHARGES APPLY FOR ALL REQUESTED RUSH ANALYSIS.
--	--	---	---

SAMPLE INFORMATION

ANALYSIS REQUESTED

LOCATION	SAMPLER INITIALS	SAMPLE DATE	SAMPLE TIME	SAMPLE TYPE	SAMPLE CONTAINER (G or P)	PARAMETER	PRESERVATIVE (see below key)	Recep. Temp.
Digester	[Signature]	12/14/11	1230	Grab	P	TSS, 8 Total Percent Solids	<6°C	
Digester	[Signature]	12/14/11	1239	Grab	P	TSS, Total Percent Solids	<6°C	

Recept Temperature Date&Time _____ Sample(s) Arrived on Ice: / Q6 Qualifier=Sample(s) received above recommended temperature. Approved to analyze by Customer Initial _____

COMMENTS:

* DESIGNATE EITHER GRAB OR COMPOSITE

METHOD OF PRESERVATION KEY:

- (1) COOL, 4°C (3) HNO₃ (5) HCL (7) Na₂S₂O₃ (9) Ascorbic Acid
(2) H₂SO₄ (4) NaOH (6) Na₂SO₃ (8) None (10) Filter

SAMPLE RELINQUISHED BY	DATE	TIME	SAMPLE RECEIVED BY	DATE	TIME	MEANS OF DELIVERY
[Signature]	12/14/11	6:10 PM	[Signature]	12/14/11	1239	Sampler / Co. Driver

1112150811, 1112150823 SEND TO JR REGG.

IES



5790 Main Street
Mt. Jackson, VA 22842

(540) 477-3300
TOLL-FREE: (800) 648-1010
FAX: (540) 477-3360
WEB: www.ies.com

January 4, 2010

Mr. Fred Schultz
Chief Operator
Maury Service Authority WWTP
135 Bob Akins Circle
Lexington, VA 24450

RE: Sludge Received and Treated from Natural Bridge STP
VPDES Permit No. VA 0024101

Dear Mr. Schultz,

As requested by the Natural Bridge of Virginia, LLC. and required by VPDES Permit Regulation (9 VAC 25-31-530G), I am required to notify you that in treating and disposing of our sewage sludge you are required to comply with any applicable requirements of VPDES Permit Regulation Part VI, Subpart B – Land Application. If you have any questions regarding this matter, please contact the Valley Regional Office of the Department of Environmental Quality in Harrisonburg, Virginia.

Sincerely,

Arthur W. Nair, P.E.
Environmental Consultant



January 23, 2012

RECEIVED
DEQ - Valley

JAN 26 2012

Mr. Fred Schultz
Maury Service Authority Wastewater Plant
135 Bob Aikens Circle
Lexington, VA 24450

To: _____
FILE: _____

Re: The Natural Bridge of Virginia Wastewater Treatment Plant VA0024101
Sludge Acceptance Request

Dear Mr. Schultz,

This is a follow-up to our sludge acceptance letter request of December 1, 2011. In our original request, we submitted a sludge analysis with a Total solids concentration of 3.8%. In your email of December 14, you noted that your pumping system can only handle sludge with solids of 1.6% or less.

The Natural Bridge stores its waste sludge in an unaerated and unmixed tank. Solids accumulate disproportionately in the bottom of the tank and in the skum layer on the top of the tank. The sludge analysis that was submitted on December 1 was collected with a cup sampler and probably reflected high solids due to the skum layer at the top of the tank. The tank was resampled on December 14, 2011. The two sample results attached were sampled using a sludge judge and represent samples taken from the bottom and middle of the tank and are more representative of the tank volume as a whole. The measured TS of the two latter samples were 0.97% and 0.67% for the bottom and middle of the tank respectively. We feel the December 14 samples better represent the Percent Solids of the tank as a whole.

The wastewater that the Natural Bridge treatment facility receives is 100% municipal. The only wastewater that enters the treatment process that might be considered commercial is from the Natural Bridge's laundry facility. The temperature of the sludge that would be hauled to your facility would be ambient. The sludge is comprised of wasted activated sludge that has been partially digested under anaerobic conditions in the holding tank. The waste sludge is similar to domestic septage.

The sludge would be hauled to your facility by a septic truck. IES estimates that the amount of sludge that would be hauled to your facility would be approximately 8,000 gallons every 3 months.

The sludge total solids analyses from December 14 are attached for your consideration. Please consider this additional information to determine if the sludge can be accepted for final processing at your facility.

Thank you for your assistance. If you have any questions please feel free to contact me at (540)-477-3300 Ext. 206.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur W. Nair', with a long, sweeping horizontal line extending to the right.

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

Cc: Kathleen Mulligan, DEQ
Debora Land, Natural Bridge
IES/Natural Bridge File



Inboden Environmental Services, Inc.

Analytical Report Form

Customer: Natural Bridge of VA
P.O. Box 57
Natural Bridge, VA 24578
Contact: Debora Land
Special Notes:

Report Date: 1/3/2012
Batch ID:
Received Date: 12/14/2011
Sampler: Inboden, Terry
Sample Priority: Normal

Sample Location: Digester
Sample ID Number: 1112150811

Sample Type: Grab- Solid
Sample Date & Time: 12/14/2011 12:30 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	0.97	0.01	%	2450G	12/28/2011	10:00	jrr

Sample Location: Digester
Sample ID Number: 1112150823

Sample Type: Grab- Solid
Sample Date & Time: 12/14/2011 12:39 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	0.67	0.01	%	2450G	12/28/2011	10:00	jrr

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk(*) are not NELAP accredited.

Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

The following parameters were subcontracted to Fairway Laboratories (FWL):

Reviewed and approved for Inboden Environmental Services, Inc.

By: Barbara A. Inboden Date: 1/3/12
Laboratory Director

CHAIN OF CUSTODY

INBODEN ENVIRONMENTAL SERVICES, INC.

5790 MAIN STREET

MT. JACKSON, VA 22842

PHONE (540) 477-3300

FAX: (540) 477-3360

Inboden Environmental Services, Inc.



Client: <u>Natural Bridge</u>			Contact Person:
Address:			Submit Report to:
City:	State:	Zip:	Submit Bill to:
Project ID:	Phone:	Fax:	P.O. Number:
			Cust #:

SAMPLE REPORTING INFORMATION - CHECK ALL THAT APPLY

COMPLIANCE <input checked="" type="checkbox"/> VPDES / DMR / VPA <input type="checkbox"/> NONCOMPLIANCE <input type="checkbox"/> PWSID: _____ <input type="checkbox"/> OTHER: _____	MATRIX <input type="checkbox"/> WASTEWATER <input type="checkbox"/> DRINKING WATER <input checked="" type="checkbox"/> SOLID WASTE <input type="checkbox"/> OTHER: _____	TURNAROUND TIME <input type="checkbox"/> NORMAL <input type="checkbox"/> RUSH - SPECIFY DUE DATE: _____ <small>NOTE: ADDITIONAL CHARGES APPLY FOR ALL REQUESTED RUSH ANALYSIS.</small>
--	---	--

SAMPLE INFORMATION

ANALYSIS REQUESTED

LOCATION	SAMPLER INITIALS	SAMPLE DATE	SAMPLE TIME	SAMPLE TYPE	SAMPLE CONTAINER (G or P)	PARAMETER	PRESERVATIVE (see below key)	Recep. Temp.
Digester	[Signature]	12/14/11	1230	Grab	P	TSS, SS TOTAL PERCENT SOLIDS	<6°C	
Digester	[Signature]	12/14/11	1239	Grab	P	TSS, SS TOTAL PERCENT SOLIDS	<6°C	

Receipt Temperature Date&Time _____ Sample(s) Arrived on Ice: / Q6 Qualifier=Sample(s) received above recommended temperature. Approved to analyze by Customer Initial _____

COMMENTS: 1112150811, 1112150823 SEND TO JR REGD.				METHOD OF PRESERVATION KEY: (1) COOL, 4°C (3) HNO ₃ (5) HCL (7) Na ₂ S ₂ O ₃ (9) Ascorbic Acid (2) H ₂ SO ₄ (4) NaOH (6) Na ₂ SO ₃ (8) None (10) Filter			
SAMPLE RELINQUISHED BY	DATE	TIME	SAMPLE RECEIVED BY	DATE	TIME	MEANS OF DELIVERY	
[Signature]	12/14/11	6:10 PM	[Signature]	12/14/11	1239	Sampler / Co. Driver	



January 4, 2010

Mr. Fred Schultz
Chief Operator
Maury Service Authority WWTP
135 Bob Akins Circle
Lexington, VA 24450

RE: Sludge Received and Treated from Natural Bridge STP
VPDES Permit No. VA 0024101

Dear Mr. Schultz,

As requested by the Natural Bridge of Virginia, LLC. and required by VPDES Permit Regulation (9 VAC 25-31-530G), I am required to notify you that in treating and disposing of our sewage sludge you are required to comply with any applicable requirements of VPDES Permit Regulation Part VI, Subpart B – Land Application. If you have any questions regarding this matter, please contact the Valley Regional Office of the Department of Environmental Quality in Harrisonburg, Virginia.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur W. Nair", written over a horizontal line.

Arthur W. Nair, P.E.
Environmental Consultant

Lexington Rockbridge
Regional Water Quality
Control Facility

135 Bob Akins Circle
Lexington VA 24450
540-463-5937

May 2, 2012

Inboden Environmental Services Inc.
5790 Main ST
Mt Jackson VA 22842

Dear Mr. Nair:

This is to inform you that we will accept sludge from, "The Natural Bridge of Virginia Waste Water Treatment Plant VA024101," so long as the sludge resembles the information you provided that characterizes it. In the unlikely event that we find it negatively impacts our process, we reserve the right to reject it.

Sincerely,

Fred Schultz
Superintendent of Waste Water Plant